

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORK

MARCUS WHIGM

Write the full name of each plaintiff.

No. \_\_\_\_\_  
(To be filled out by Clerk's Office)

-against-

Bronx Criminal Court,  
Department of Corrections,  
Walden/Bronx Legal Aid  
Society/Bronx Ryel Ave Precinct

Write the full name of each defendant. If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed above must be identical to those contained in Section IV.

**COMPLAINT**  
(Prisoner)

Do you want a jury trial?  
 Yes    No

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US DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORK

**NOTICE**

The public can access electronic court files. For privacy and security reasons, papers filed with the court should therefore *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number. See Federal Rule of Civil Procedure 5.2.

**I. LEGAL BASIS FOR CLAIM**

State below the federal legal basis for your claim, if known. This form is designed primarily for prisoners challenging the constitutionality of their conditions of confinement; those claims are often brought under 42 U.S.C. § 1983 (against state, county, or municipal defendants) or in a "Bivens" action (against federal defendants).

Violation of my federal constitutional rights

Other: \_\_\_\_\_

**II. PLAINTIFF INFORMATION**

Each plaintiff must provide the following information. Attach additional pages if necessary.

MARCUS

Cellone

Wright

First Name

Middle Initial

Last Name

State any other names (or different forms of your name) you have ever used, including any name you have used in previously filing a lawsuit.

341200892, 12R2516, 00134758K

Prisoner ID # (if you have previously been in another agency's custody, please specify each agency and the ID number (such as your DIN or NYSID) under which you were held)

Fox M Singer Center

Current Place of Detention

19-19 Aggen St

Institutional Address

Queens

County, City

NY

State

11370

Zip Code

**III. PRISONER STATUS**

Indicate below whether you are a prisoner or other confined person:

Pretrial detainee

Civilly committed detainee

Immigration detainee

Convicted and sentenced prisoner

Other: \_\_\_\_\_

#### IV. DEFENDANT INFORMATION

To the best of your ability, provide the following information for each defendant. If the correct information is not provided, it could delay or prevent service of the complaint on the defendant. Make sure that the defendants listed below are identical to those listed in the caption. Attach additional pages as necessary.

Defendant 1:

<u>Susan</u>	<u>Laurie GANS</u>	
First Name	Last Name	Shield #
<u>Legal Aid Lawyer</u>		
Current Job Title (or other identifying information)		

Current Work Address

<u>Bronx</u>	<u>NY</u>	<u>10459</u>
County, City	State	Zip Code

Defendant 2:

<u>Michael</u>	<u>Fireman</u>	
First Name	Last Name	Shield #
<u>ATB Attorney</u>		
Current Job Title (or other identifying information)		

Current Work Address

<u>New York</u>	<u>NY</u>	
County, City	State	Zip Code

Defendant 3:

First Name	Last Name	Shield #
Current Job Title (or other identifying information)		

Current Work Address

County, City	State	Zip Code
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Defendant 4:

First Name	Last Name	Shield #
Current Job Title (or other identifying information)		

Current Work Address

County, City	State	Zip Code
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V. STATEMENT OF CLAIM

Place(s) of occurrence: Ryker Ave precinct, Bronx, Bronx Criminal Court

Date(s) of occurrence: 4/19/24 - 8/6/24

FACTS:

State here briefly the FACTS that support your case. Describe what happened, how you were harmed, and how each defendant was personally involved in the alleged wrongful actions. Attach additional pages as necessary.

I was arrested unlawfully at a laundromat near my place of residence @ 170 st in the Bronx By Ryker Ave precinct police officers for a false statement where it claimed I was stealing laundry on 4/19/24. My case in the BX was dismissed 8/6/24 + my lawyer Susan Louise Gains never got me my property back from the Ryker Ave precinct with the ~~or~~ arresting officer(s) Name or information with my properties location. Since being held at Rykers Island or Social services/ discharge planning or my current lawyer has not retrieved my BX Bronx dismissal case docket # on alleged petit larceny which was dismissed nor was able to locate the case on webclaims nor has my current lawyer Michael Fireman helped me retrieve this information.

## INJURIES:

If you were injured as a result of these actions, describe your injuries and what medical treatment, if any, you required and received.

## VI. RELIEF

State briefly what money damages or other relief you want the court to order.

100,000

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